JUL 1 1 2007





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FACSIMILE TRANSMISSION COVER SHEET

Date:

July 11, 2007

To:

United States Patent and Trademark Office

Examiner: Trinh, Michael Manh; Art Unit: 2822

Fax:

(571) 273-8300

Re:

Application Serial No.: 10/649,577

Filing Date: 8/26/2003; First-Named Inventor: Hawks

Attorney Docket No.: 0140153

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 26

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated April 26, 2007.

Thank you.

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2002/026

RECEIVED CENTRAL FAX CENTER JUL 1 1 2007

Attorney Docket No.: 0140153

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hawks, et al.					
SERIAL NO.: <u>10/649,577</u> FILED: <u>8/26/2003</u>					
FOR: Methods Suitable for Forming a Microelectronic Device	Package				
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450					
Sir/Madam:					
Transmitted herewith is a paper in the above-identified application is hereby requested.	ntion. Any necessary exte	ension of time period s	set for this paper		
☑ No additional fee is required.					
☐ The fee has been calculated as shown below:					
☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE		
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$		
SECOND MONTH AFTER TIME PERIOD SET 450.00 \$					
THIRD MONTH AFTER TIME PERIOD SET 1,020.00 \$ 510.00 \$					
FOURTH MONTH AFTER TIME PERIOD SET 1,590.00 \$					
☐ TOTAL EXTENSION FEE \$ 0.00					
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:					

	Column 1	Column 2	Column 3		·	
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	. 17	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	*=0	x 200	x 100	\$
First presentation of	multiple depend	ent claim		+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

98RSS411-DIV

Attorney Docket No.: 0140153

	Enclosed is the total fee of \$ (Payment by Credit Card, Form PTO-2038 Enclosed).
	Please charge Deposit Account No. 50-0731 in the amount of \$
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.
Date: _	By: Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Farshad Farjami, Esq. Farjami & Farjami LLP 26522 La Alameda Ave., Suite 360 Mission Viejo, CA 92691 Telephone: (949) 282-1000 Facsimile: (949) 282-1002

Date

Signature

Marci M. Sweda
Name of Person Performing Facsimile Transmission

Attorney Docket No.: 0140153

AMENDMENT COVER SHEET

IN KE AFFLICATION OF. Hawks, et al.				
SERIAL NO.: <u>10/649,577</u> FILED: <u>8/26/2003</u>				
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HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450				
Sir/Madam:				
Transmitted herewith is a paper in the above-identified applica is hereby requested.	tion. Any necessary ext	ension of time period s	set for this paper	
No additional fee is required.				
The fee has been calculated as shown below:				
☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE	
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$	
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$	
THIRD MONTH AFTER TIME PERIOD SET	1 020 00	510.00	¢	

☐ TOTAL EXTENSION FEE \$ 0.00

FOURTH MONTH AFTER TIME PERIOD SET

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
[F	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **20	*=0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	*=0	x 200	x 100	\$
First presentation of multiple dependent claim			+ 360	+ 180	\$	

1,590.00

795.00

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

98RSS411-DIV

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Date: 7/6/07

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Signature

Date

Marci M. Sweda

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JUL 1 1 2007

Application Serial No. 10/649,577 Attorney Docket No.: 0140153

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hawks, et al.

Serial No.: 10/649,577

Filed: August 26, 2003

For: Methods Suitable for Forming a

Microelectronic Device Package

Art Unit: 2822

Examiner: Trinh, Michael Manh

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Non-Final* Office Action, dated April 26, 2007, in the above-referenced patent application. Please enter and consider the following amendments and remarks.